FORM D RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

OMB Number: Expires: Estimated average burden hours per response. 16.00

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SECTION 4(6), AND/OR	DATE RECEIVED
160 UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering Check if this is an amendment and name has changed, and indicate change.)	
Falcon #3 Limited Partnership	1100111 20111
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	06064825
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Falcon #3 Limited Partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone	Number (Including Area Code)
1 Camp Hill Rd, Pomona, N.Y. 10970 (845) 494-4	1042
	ne Number (Including Area Code)
(if different from Executive Offices) 104 Edison Ct., Ste P. Monsey, N.Y. 10952 (845) 821-8)E1E
104 Edison Ct., Ste P, Monsey, N.Y. 10952 (845) 821-8 Brief Description of Business	/ /
Drilling and Production of Natural gas wells	/
, .	Pro-
Type of Business Organization	FAUCESS
corporation I limited partnership, already formed other (please specify)):
business trust limited partnership, to be formed	PROCESS JAN 0 8 2007
Month Year	Tr
Actual or Estimated Date of Incorporation or Organization: 110 06 Z Actual Estimated	THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6) 77d(6).), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received hit is due, on the date it was mailed by United States registered or certified mail to that address.	

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. DEC 2 0 2006

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the i	information re	quested for the f	ollowin	ıg:						
• Each	promoter of t	he issuer, if the i	ssuer h	as been organized w	ithin	the past five years;			•	
• Each	beneficial ow	ner having the po	wer to v	ote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each	executive off	icer and director	of corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
		nanaging partner			•					
Check Box(es)	that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Las Mazel Capita	ï	·		-						
Business or Res 1 Camp Hill F			d Stree	t, City, State, Zip Co	ode)					
Check Box(es)	that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last	t name first, i	f individual)						· · · ·		
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Business or Res	idence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)	,				
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Check Box(es)	that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last	t name first, i	f individual)								
·		,								
Business or Res	idence Addre	ss (Number and	1 Street	t, City, State, Zip Co	ide)			<u> </u>		· · · · · · · · · · · · · · · · · · ·
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Check Box(es)	that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las	t náme first, i	f individual)			-					
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Business or Res	idence Addre	ss (Number and	d Street	t, City, State, Zip Co	ode)					ı
Check Box(es)	that Apply:	Promoter		Beneficial Owner	П	Executive Officer	П	Director	$\overline{}$	General and/or
		_								Managing Partner
Full Name (Last	t name first, i	f individual)		··						
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Business or Res	idence Addre	ss (Number and	1 Street	t, City, State, Zip Co	ide)		,			
Check Box(es)	that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last	t name first, i	f individual)				<u> </u>				
Business or Res	idence Addre	ss (Number and	d Street	, City, State, Zip Co	de)				•	<u>.</u>
Check Box(es)	that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last	t name first, i	f individual)								
Rucineca or Das	idanaa Add	na (Number	1 61-22	City State Wie C	dal					
Dusiness of Kes	naence Adare	ss (Number ani	a Street	t, City, State, Zip Co	oae)					
		(Use bl	ank sho	et, or copy and use	additi	onal copies of this sl	heet, a	as necessary)	

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I. Ha	s the is	suer sold	, or does th							=	***************************************	Yes	No E
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							_{\$} 26,	500.00					
2. What is the minimum investment that will be accepted from any individual?								Yes	No				
3. Do	es the	offering p	ermit joint	ownershi	p of a sing	le unit?			•••••		• • • • • • • • • • • • • • • • • • • •		
cor lf a or a b	mmissie a person states, l proker (on or simi n to be list list the na or dealer.	on requeste lar remuner ed is an ass me of the bi you may so	ation for s ociated pe roker or de at forth the	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conno er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering with a state	 e	
			irst, if indi sions were		onnection	with those	coloc						
			Address (N									•	 :
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Name o	of Asso	ciated Br	oker or Dea	iler									
States i	n Whic	h Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
(C	heck "/	All States	" or check i	ndividual	States)				***************************************	******************		☐ Al	1 States
Λ	ī.l	AK	ĀZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	_	IN	IA	KS	KY	Ī.Ā	ME	MD	MA	MI	MN	MS	MO
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R	I	SC	SD	TN	TX	UT	[VT]	VA	WA	$\overline{\mathbf{w}}$	WI	WY	PR
Full Na	me (La	st name t	irst, if indi	vidual)					•				1
Busines	s or R	esidence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Name o	f Asso	ciated Bro	oker or Dea	ler									
States i	n Whic	h Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
(Cl	heck "/	All States	or check i	ndividual	States)							□ VI	1 States
Α	- 1	ĀK	AZ	[AD]	[CA]	<u>[CO]</u>	CT	[De]	[DC]	[EI]	[CA]	HI	[II]
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Full Na	me (La	st name 1	irst, if indi	vidual)									- 4
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Dusines	22 OI K	esidence	Addless (N	шпост ан	u Street, C	ity, State, A	cip Code)						
Name o	f Asso	ciated Bro	oker or Dea	ler									•
States i	n Whic	h Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
(Cl	heck "/	All States	" or check i	ndividual	States)			•••••		•••••		□ VI	1 States
Α	L	AK	AZ	[AR]	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
М		NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
R	Ţ.)	SC	SD	TN	TX	UT	$[\overline{V}T]$	[VA]	WA	WV	WI	WY	PR

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt _______\$ Equity\$_____\$ Common Preferred Convertible Securities (including warrants) _______\$_ 159,000.00 Other (Specify _ s 159,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases s 159,000.00 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Regulation A Rule 504 \$ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adj	usted gross		\$5,297,200.00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tota proceeds to the issuer set forth in response to F	any purpose is not known, furnish an es il of the payments listed must equal the adju	timate and		•
		;		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		-	•	
	Purchase of real estate] \$. 🗆 \$
	Purchase, rental or leasing and installation of r		_	1 er	\$
	and equipment Construction or leasing of plant buildings and				_
			······] 3	. 🗆 \$
	Acquisition of other businesses (including the offering that may be used in exchange for the a	assets or securities of another	•		·
	issuer pursuant to a merger)		—	•	
	Repayment of indebtedness				. [\$
	Working capital		-	,	
	Other (specify): Working Capital Reserve] \$	\$ 45,000.00
	*				
		· · · · · · · · · · · · · · · · · · ·			
	Column Totals			•	5,297,200.0 0
	Total Payments Listed (column totals added)			V \$ 5	297,200.00
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<u> </u>			* a	·	
sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the Li.S. Securities and Exchan	ge Commiss	ion, upon writte	en request of its staff,
lss	uer (Print or Type)	Signature	D	ate	
Fa	lcon #3 Limited Partnership		1	2/12/06	
	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Dar	niel E. Vogel :	Vice President of General Partners	hip	_	
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- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)